

INCOME TEST													
PLEASE ENTER IN THE FOLLOWING BLANKS THE TOTAL AMOUNT OF INCOME ACCORDING TO EACH SOURCE FOR THE PRIOR 180 DAY PERIOD													
ENCLUDABLE INCOME						EXCLUDABLE INCOME							
PRIOR 180 DAYS						PRIOR 180 DAYS							
WAGES (APPLICANT)						VETERANS PAYMENTS (EDUC.,DISABILITY, ONE TIME DEATH)							
WAGES (MOTHER, FATHER OR SPOUSE)													
OTHER WAGES (BROTHER/SISTER)						MILITARY PAY							
REGULAR RETIREMENT, DISABILITY, AND DEATH BENEFITS						UNEMPLOYMENT COMPENSATION FROM TO							
STUDENT GRANTS & SCHOLARSHIPS (NON-NEEDS BASED)						CHILD SUPPORT FOSTER PAYMENT							
PENSIONS (WHETHER PRIVATE OR GOV'T EMPLOYEE)						PUBLIC CASH ASSISTANCE: AFDC, SSI,RCA & GA							
TOTAL						LOANS/PELL GRANT AND NEEDS BASED GRANTS AND SCHOLARSHIPS							
ANNUALIZED INCOME ▶						\$							
QUALIFYING INCOME						SOCIAL SECURITY (OASI)							
OMB 70%						TOTAL NUMBER IN FAMILY (AT TIME OF APPL.) ▶							
						CASE WORKER NAME		TELEPHONE NO.		CLIENT NO.			
30 DAY REVIEW						I certify that the information given on this application is true and accurate tot he best of my knowledge and belief. I understand that such information is subject to verification and I further realize that falsified or fraudulent information may result in the rejection of this application, subsequent termination from the WIA program, or prosecution under the law. We are asking you to provide voluntarily your social security account number so that this agency can provide employment assistance to you in the most timely and efficient way. This information will be used to identify your record in filing systems, for follow-up services provided you, for verification of eligibility for services including monetary, and for statistical reporting purposes.							
APPLICATION COMPLETE		CORRECT DETERMINATION		APPLICATION IS REASONABLE AND INTERNALLY CONSISTENT									
<input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO		<input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO		<input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO									
CONDUCTED BY					DATE	SIGNED					DATE		
SUPPLEMENTAL INFORMATION						PARENT OR GARDIAN SIGNATURE							
						INTERVIEWER'S SIGNATURE					DATE		
Activity Information													
TRAINING (ALL TRAINING REGARDLESS OF FUNDING SOURCE)													
Youth Service Codes										63. PARTNER PROGRAM BOX			
501 - TUTORING, STUDY SKILLS AND INSTRUCTIONAL LEARNING 502 - ALTERNATIVE SECONDARY SCHOOL SERVICES 503 - SUMMER EMPLOYMENT OPPORTUNITIES 504 - WORK EXPERIENCE 505 - OCCUPATIONAL SKILLS TRAINING 506 - LEADERSHIP DEVELOPMENT 507 - SUPPORTIVE SERVICES 508 - ADULT MENTORING 509 - FOLLOW-UP SERVICES 510 - COMPREHENSIVE GUIDANCE AND COUNSELING										_____ _____ _____			
64.. SUPPORTIVE SERVICES (CHECK ALL THAT APPLY)													
a. <input type="checkbox"/> TRANSPORTATION		b. <input type="checkbox"/> HEALTH CARE		c. <input type="checkbox"/> CHILDREN/FAMILY CARE		d. <input type="checkbox"/> HOUSE RENTAL ASST.		e. <input type="checkbox"/> COUNSELING (PERSONAL/ FIN. OR LEGAL)		f. <input type="checkbox"/> NEEDS BASED/ RELATED PAYMENTS		g. <input type="checkbox"/> OTHER	
65. ACTION		66. ACTIVITY CODE		67. DATE ACTIVITY BEGINS		68. TENTATIVE/ACTUAL COMPLETION DATE		69. COMPLETION		70. COUNSELOR		71. INDIVIDUAL COMPENSATION	
<input type="checkbox"/> 1- ENTER <input type="checkbox"/> 2 - LEAVE								<input type="checkbox"/> 1 - YES <input type="checkbox"/> 2 - NO					
74. CONTRACT NUMBER		75. TRAINING LOCATION		76. EMPLOYER TYPE		77. CIP CODE		78. SVP		79. OES CODE		80. OES NAME	
				<input type="checkbox"/> 1 - PUBLIC <input type="checkbox"/> 2 - PRIVATE									
81. EOC TRACKING		82. CLASS NAME/WORKSITE				83. LOCATION/COUNTY				84. COMMENTS			